



## GROUP B RESIDENTIAL 2 UNIT WATER SYSTEM EVALUATION

FEE: \$450.00  
Code: 5201

Environmental Health  
7102 W. Okanogan Place  
Kennewick, WA 99336  
(509) 460-4205

All water systems that serve 2 connections are considered Group B public water systems within the State of Washington and are subject to the requirements of Washington Administrative Code (WAC) 246-291. In an effort to expedite your project, the Benton-Franklin Health District has entered into an agreement with the Washington State Department of Health, accepting delegation of responsibility for Group B water systems within Benton and Franklin Counties. Benton-Franklin District Board of Health Rules and Regulations No. 7 establishes uniform criteria for the development of residential 2 unit and small commercial water systems in Benton and Franklin Counties that are less stringent than WAC 246-291.

Note the following checklist. Be sure the following items are submitted to the Health Department (many are included in this application packet) along with the completed application form and review fee.

1. \_\_\_\_\_ Well driller's report (Well Log).
2. \_\_\_\_\_ A satisfactory bacteriological report from a certified laboratory within the last 12 months.
3. \_\_\_\_\_ A satisfactory inorganic analysis for nitrates from a certified laboratory within the last three years.
4. \_\_\_\_\_ A completed Water Facilities Inventory form.
5. \_\_\_\_\_ An acceptable water user's agreement, recorded with the property title of each parcel to receive water (sample agreement included in this packet).
6. \_\_\_\_\_ A Declaration of covenant must be drawn up by the fee simple owner of the land to declare a sanitary protection zone around the public water supply source, and recorded with the County Auditor.
7. \_\_\_\_\_ A Restrictive Covenant, in addition to the Declaration of Covenant, must be drawn up if any portion of the one hundred foot (100') radius of sanitary protection extends into adjacent property not under fee simple ownership of the applicant, and recorded with the County Auditor.
8. \_\_\_\_\_ Water right permit from Department of Ecology or Declaration of Covenant that states that less than 5000 gallons of water will be used per day.

Following the review of your submitted information, an on-site review will be conducted. Review deficiencies must be corrected and the system found to be in full compliance with Benton-Franklin District Board of Health Rules and Regulations No. 7 prior to formal water system approval by this office.



## GROUP B RESIDENTIAL 2 UNIT & SMALL COMMERCIAL WATER SYSTEM EVALUATION

Account #: \_\_\_\_\_

Log #: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPOSED WATER SYSTEM NAME: \_\_\_\_\_

NAME OF PROPERTY AND/OR WELL OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LOCATION OF PROPERTY AND/OR WELL (subdivision, short plat number, or attach other legal description):  
\_\_\_\_\_

PHYSICAL ADDRESS (ROAD) OF PROPERTY AND/OR WELL: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

I certify, by signature, that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for the purposes of application evaluation, water system inspections, or any subsequent inspections.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR BENTON-FRANKLIN DISTRICT HEALTH DEPARTMENT USE ONLY

\_\_\_\_\_ Well Log # \_\_\_\_\_  
\_\_\_\_\_ Nitrate Analysis \_\_\_\_\_  
\_\_\_\_\_ Declaration of Covenant \_\_\_\_\_  
\_\_\_\_\_ Completion of Workbook \_\_\_\_\_  
\_\_\_\_\_ Inspection Checklist \_\_\_\_\_

\_\_\_\_\_ Water User's Agreement \_\_\_\_\_  
\_\_\_\_\_ Bacteriological Analysis \_\_\_\_\_  
\_\_\_\_\_ Restrictive Covenant (if needed) \_\_\_\_\_  
\_\_\_\_\_ W.F.I. \_\_\_\_\_  
\_\_\_\_\_ Water Right Permit or Proper Covenant. \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_ Subject water system plan be approved.  
\_\_\_\_\_ Subject water system plan NOT be approved.  
\_\_\_\_\_ Subject water system plan NOT be approved until the measures listed below are taken.

COMMENTS AND ADDITIONAL ITEMS REQUESTED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Inspected \_\_\_\_\_, By \_\_\_\_\_

## GROUP B RESIDENTIAL 2 UNIT WATER SYSTEM

Complete the Group B Residential 2 Unit Water System Packet.

### PART 1: WATER SOURCE INFORMATION

#### **Well Construction:**

- a. Existing Well? \_\_\_\_\_ New Well? \_\_\_\_\_
- b. Well Log: Attached \_\_\_\_\_ Not Available \_\_\_\_\_
- c. Well Tag Number (if available): \_\_\_\_\_
- d. Does the well have a pitless adapter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type? \_\_\_\_\_

#### **If well log is NOT available, please provide the following information:**

- 1. Well Depth: \_\_\_\_\_
- 2. Casing Diameter: \_\_\_\_\_ To What Depth? \_\_\_\_\_  
Casing Material: \_\_\_\_\_
- 3. Normal or Static Water Level: \_\_\_\_\_
- 4. Surface Seal? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_  
If Yes, to what depth? \_\_\_\_\_ Material? \_\_\_\_\_
- 5. Ground Surface Elevation (above mean sea level): \_\_\_\_\_
- 6. Screens or Perforations? Yes \_\_\_\_\_ No \_\_\_\_\_ Depth? \_\_\_\_\_

### PART 2: PUMP INFORMATION

#### **Pump Specifications\*:**

- a. Type \_\_\_\_\_
- b. Manufacturer: \_\_\_\_\_
- c. Model: \_\_\_\_\_
- d. RPM: \_\_\_\_\_
- e. Horsepower: \_\_\_\_\_
- f. Pump Rate (gpm): \_\_\_\_\_
- g. Single phase/Three phase? \_\_\_\_\_

\* Attach pump curve if available

### PART 3: PRESSURE TANK INFORMATION

#### **Pressure Tank Specifications:**

- a. Manufacturer: \_\_\_\_\_
- b. Model: \_\_\_\_\_
- c. ASME \_\_\_\_\_ or equivalent \_\_\_\_\_ (attach specifications)
- d. Is Pressure tank for pump protection? Yes \_\_\_\_\_ No \_\_\_\_\_,  
Other purpose \_\_\_\_\_, or both uses \_\_\_\_\_
- e. Is Pressure tank used for other purposes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, what purpose(s)? \_\_\_\_\_
- f. Pressure tank is: Horizontal: \_\_\_\_\_ Vertical \_\_\_\_\_  
Bladder type: \_\_\_\_\_ Other: \_\_\_\_\_
- g. Capacity: \_\_\_\_\_ Gallons: \_\_\_\_\_
- h. ASME pressure relief valve installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- i. Pressure range settings: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

### PART 4: DISTRIBUTION SYSTEM

**System Diagram: Using the space provided on the next page (or attach a detailed map), make a diagram of the water system that includes all of the following information (make your diagram as close to scale as possible):**

- a. Property lines, individual lot lines, and easement locations (reference distance from property lines to structures drawn).
- b. Well Site (clearly marked). Include the 100 ft zone of protection.
- c. Buildings: houses/barns/storage sheds/other.
- d. Utility location (electrical).
- e. Customer services or connections (include parcel number and address).
- f. Distribution lines (including pipe lengths and pipe diameters)
- g. Elevation differences (provide topographic map when greater than 40 ft.).
- h. Other existing wells in the vicinity.
- i. Irrigation lines.
- j. Size of lots served (usually in acres or square feet).
- k. Roads/railroads
- l. Septic tanks/drainfields/drywells/sewer lines.
- m. Slope direction/drainage pattern.
- n. Irrigation canals/other bodies of water.
- o. Show North (N) arrow.
- p. Other potential sources of contamination.

**WATER USER'S AGREEMENT  
GROUP B RESIDENTIAL 2 UNIT WATER SYSTEM**

**WATER SYSTEM NAME:** \_\_\_\_\_

**PARCEL NUMBER(S):** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**OWNERSHIP OF THE WELL AND WATERWORKS**

It is agreed by the parties that each of said parties shall be and is hereby granted an undivided one-half interest in and to the use of the well and water system constructed. Each party shall be entitled to receive a supply of water for one residential dwelling and shall be furnished a reasonable supply of potable and healthful water for domestic purposes.

**WATER SYSTEM DESIGN**

This water system is designed to provide for 2 residential services. The design of the system is based on \_\_\_\_\_ gallons internal use per service per day and \_\_\_\_\_ gallons external use per service per day. Additional planning and design approvals must be obtained from the department prior to expanding beyond this number of services or whenever there are changes made to the system, such as adding a treatment system.

**COST OF MAINTENANCE OF WATER SYSTEM**

Each party hereto covenants and agrees that they shall equally share the maintenance and operational costs of the well and water system herein described. The expense of water quality sampling as required by the State of Washington and \_\_\_\_\_ County shall be shared equally by both parties. The parties shall establish and maintain a reserve account at a mutually agreed upon banking institution. Each party shall be entitled to receive an annual statement from said banking institution regarding the status of the reserve account. The monetary funds in the reserve account shall be utilized for the sole purpose of submitting water samples for quality analysis and maintaining, repairing or replacing the well and common waterworks equipment or appurtenance thereto.

**EASEMENT OF WELL SITE AND PUMPHOUSE**

There shall be an easement for the purpose of maintaining or repairing the well and appurtenances thereto. Said easement shall allow the installation of well house, pumps, water storage reservoirs, pressure tanks, and anything necessary to the operation of the water system.

## **WATER LINE EASEMENTS**

\_\_\_\_\_ grants \_\_\_\_\_ an easement for the use and purpose of conveying water from the well to the property of \_\_\_\_\_. This easement shall mean the right to install, repair, maintain, alter and operate a water line in, into, upon, over, across and under owners' above described property. This grant of easement shall run with the land and shall be binding on and shall inure to the benefit of the parties hereto, their heirs, successors, or assigns. No permanent type of building shall be constructed upon the water line easement except as needed for the operation of the well and water system.

## **MAINTENANCE AND REPAIR OF PIPELINES**

All pipelines in the water system shall be maintained so that there will be no leakage or seepage, or other defects which may cause contamination of the water, or injury, or damage to persons or property. Pipe material used in repairs shall meet approval of the Health Officer. Cost of repairing or maintaining common distribution pipelines shall be born equally by both parties. Each party in this agreement shall be responsible for the maintenance, repair, and replacement of pipe supplying water from the common water distribution piping to their own particular dwelling and property. Water pipelines shall not be installed within \_\_\_\_\_ feet of a septic tank or within 10 feet of sewage disposal drainfield lines.

## **PROHIBITED PRACTICES**

The parties herein, their heirs, successors and/or assigns, will not construct, maintain or suffer to be constructed or maintained upon the said land and within 100 feet of the well herein described, so long as the same is operated to furnish water for public consumption, any of the following: septic tanks and drainfields, sewer lines, underground storage tanks, county or state roads, railroad tracks, vehicles, structures, barns, feeding stations, grazing animals, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste or garbage of any kind. The parties will not cross connect any portion or segment of the water system with any other water source without prior written approval of the Benton-Franklin District Health Department and/or other appropriate governmental agency.

## **WATER SYSTEM PURVEYOR**

\_\_\_\_\_ is designated "Purveyor" of the water system. The purveyor shall be responsible for arranging submission of all necessary water samples as required in the Washington Administrative Code and handling emergencies such as system shutdown and repair. The purveyor shall provide his/her name, address and telephone number to the Health Officer and shall serve as a contact person to the Health Officer. The purveyor shall organize and maintain the water system records and notify the Health Officer and all parties, service connections and lots that are included in this agreement, of the water quality tests that are required by WAC 246-291. Water system records shall be available for review and inspection by all parties in this agreement and the Health Officer.

## **PROVISIONS FOR CONTINUATION OF WATER SERVICE**

The parties agree to maintain a continuous flow of water from the well and water system, herein described in accordance with public water supply requirements of the State of Washington and \_\_\_\_\_ County. In the event that the quality or quantity of water from the well becomes unsatisfactory as determined by the Health Officer, the parties shall develop a new source of water. Prior to development of, or connection to, a new source of water, the parties shall obtain written approval from the Health Officer. Each undivided interest and/or party shall share equally in the cost of developing the new source of water and installing the necessary equipment associated with the new source.

## **FUTURE MANAGEMENT**

Approval of this public water system by the health jurisdiction was conditioned by future management or ownership by a state approved Satellite Management Agency. Health jurisdictions may enforce this provision if the system is not able to meet financial viability or other operating requirements.

## **RESTRICTION ON FURNISHING WATER TO ADDITIONAL PARTIES**

It is further agreed by the parties hereto that they shall not furnish water from the well and water system herein above described to any other persons, properties or dwelling without prior consent of both properties and written approval from the Benton-Franklin District Health Department.

## **RESTRICTION ON WATER USE**

State water right laws prohibit this system from using more than 5000 gallons of water on any day. Also, the total amount of property which can be irrigated by the system cannot exceed 1/2 acre. In order to remain in compliance, the following parcel \_\_\_\_\_ is prohibited from using more than \_\_\_\_\_ gallons of water on any given day. Further, the total amount of yard, garden and other irrigation uses, by this property, cannot exceed \_\_\_\_\_ square feet.

## **HEIRS, SUCCESSORS AND ASSIGNS**

These covenants and agreements shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof, and it shall pass to and be for the benefit of each owner thereof.

**ENFORCEMENT OF AGREEMENT ON NON-CONFORMING PARTIES AND PROPERTIES**

The parties herein agree to establish the right to make reasonable regulations for the operation of the system.

WITNESS \_\_\_\_\_ hand \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

(seal)

(seal)

(parties)

State of Washington )  
County of \_\_\_\_\_ ss )

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, personally appeared \_\_\_\_\_ before me \_\_\_\_\_ and \_\_\_\_\_ to me known to be the individuals described in and who executed the within instrument, and acknowledge that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington,  
residing at \_\_\_\_\_



RETURN ADDRESS

**DECLARATION OF COVENANT**

I (we) the undersigned, owner(s) in fee simple of the land described herein, hereby declare this covenant and place same on record.

I (we) the grantor(s) herein, am (are) the owner(s) in fee simple of (an interest in) the following described real estate situated in \_\_\_\_\_ County, State of Washington; to wit:

Parcel number \_\_\_\_\_,

on which the grantor(s) owns and operates a well and waterworks supplying water for public use located on said real estate, at:

Parcel number \_\_\_\_\_,

and grantor(s) is (are) required to keep the water supplied from said well free from impurities which might be injurious to the public health.

It is the purpose of these grants and covenants to prevent certain practices hereinafter enumerated in the use of said grantor(s) water supply.

EXHIBIT A: NOW, THEREFORE the grantor(s) agree(s) and covenant(s) that said grantor(s), his (her) (their) heirs, successors and assigns will not Construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor(s) and within 100 (One Hundred) feet of the well herein described, so long as the same is operated to furnish water for public consumption, any potential source of contamination, such as septic tanks and drainfields, underground storage tanks, public roads, railroad tracks, commercial or stored vehicles, barns, feed stations, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste, or putrescible garbage of any kind or description.

EXHIBIT B: NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that grantor(s) public water system will not exceed a withdrawal of 5,000 gallons per day nor will irrigation of more than one-half acres of non-commercial lawn or garden occur from said system.

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefit of each owner thereof.

WITNESS \_\_\_\_\_ hand \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal) \_\_\_\_\_

\_\_\_\_\_  
Grantor(s) Signature(s) (Seal) Grantor(s) Name Printed

State of Washington )

County of \_\_\_\_\_)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_ to me known to be the individual described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington, residing at \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

RETURN ADDRESS

**DECLARATION OF COVENANT**

I (we) the undersigned, owner(s) in fee simple of the land described herein, hereby declare this covenant and place same on record.

I (we) the grantor(s) herein, am (are) the owner(s) in fee simple of (an interest in) the following described real estate situated in \_\_\_\_\_ County, State of Washington; to wit:

Parcel number \_\_\_\_\_.

on which the grantor(s) owns and operates a well and waterworks supplying water for public use located on said real estate, at:

Parcel number \_\_\_\_\_.

and grantor(s) is (are) required to keep the water supplied from said well free from impurities which might be injurious to the public health.

It is the purpose of these grants and covenants to prevent certain practices hereinafter enumerated in the use of said grantor(s) water supply.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantor(s), his (her) (their) heirs, successors and assigns will not construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor(s) and within 100 (One Hundred) feet of the well herein described, so long as the same is operated to furnish water for public consumption, any potential source of contamination, such as septic tanks and drainfields, underground storage tanks, public roads, railroad tracks, commercial or stored vehicles, barns, feed stations, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste, or putrescible garbage of any kind or description.

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefit of each owner thereof.

WITNESS \_\_\_\_\_ hand \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

Grantor(s) Signature(s)

Grantor(s) Name Printed

State of Washington )

County of \_\_\_\_\_)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_ to me known to be the individual described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington, residing at \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

RETURN ADDRESS

**RESTRICTIVE COVENANT**

The grantor(s) herein is (are) the owner(s) of (an interest in) the following described real estate situated in \_\_\_\_\_ County, State of Washington:

Parcel number \_\_\_\_\_.

The grantee(s) herein, \_\_\_\_\_, own(s) and operate(s) a well and waterworks supplying water for public use, located upon the following described real estate situated in \_\_\_\_\_ County, State of Washington:

Parcel number \_\_\_\_\_.

which well and waterworks is in close proximity to the land of the grantor(s), and said grantee(s) is (are) required to keep the water supplied from said well free from impurities which might be injurious to the public health.

It is the purpose of these grants and covenants to prevent certain practices hereinafter enumerated in the use of the said grantor(s) land which might contaminate said water supply.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantee(s), its successors and assigns said covenants to run with the land for the benefit of the land of the grantee(s), that said his (her) grantor(s), (their) heirs, successors and assigns will not construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor(s) and within 100 (One Hundred) feet of the well herein described, so long as the same is operated to furnish water for public consumption, any potential source of contamination, such as septic tanks and drainfields, underground storage tanks, public roads, railroad tracks, commercial or stored vehicles, barns, feed stations, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste, or putrescible garbage of any kind or description.

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefit of each owner thereof.

WITNESS \_\_\_\_\_ hand \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_. (Seal)

\_\_\_\_\_. (Seal)

Grantor(s) Signature(s)  
State of Washington )  
County of \_\_\_\_\_)

Grantor(s) Name Printed

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_ to me known to be the individual described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington, residing at \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## WATER FACILITIES INVENTORY (WFI) FORM

RETURN TO:

<b>1. SYSTEM ID NO.</b>	<b>2. SYSTEM NAME</b>	<b>3. COUNTY</b>	<b>4. GROUP</b>	<b>5. TYPE</b>
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<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>	<b>7. OWNER NAME &amp; MAILING ADDRESS</b>	<b>8. Owner Number: 031654</b>
TITLE:	TITLE:	
STREET ADDRESS IF DIFFERENT FROM ABOVE		
ATTN		
ADDRESS		
CITY	STATE	ZIP

  

<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>	<b>10. OWNER CONTACT INFORMATION</b>
Primary Contact Daytime Phone:	Owner Daytime Phone:
Primary Contact Evening Phone:	Owner Evening Phone:
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Fax:	E-mail:

**WAC 246-290-420()) requires that water systems provide 24-hour contact information for emergencies.**

  

**11. SATELLITE MANAGEMENT AGENCY – SMA (check only one)**  
☐ Not applicable (Skip to #12)  
☐ Owned and Managed  
 Number: \_\_\_\_\_ SMA NAME: \_\_\_\_\_ SMA  
☐ Managed Only  
☐ Owned Only

  

**12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)**  

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic ( <i>modify SENTRY to accept</i> )	<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	Recreational / RV Park	

  

<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>	<b>14. STORAGE CAPACITY (gallons)</b>
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	

  

15.	16. SOURCE NAME	17. INTERTIE	18. SOURCE CATEGORY	19. USE	20.	21. TREATMENT	22. DEPTH	23.	24. SOURCE LOCATION
SOURCE NUMBER	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL FIELD WELL IN A WELLFIELD SPRING SPRING IN SPRING SEA WATER SURFACE WATER RANNEY / INF. OTHER PERMANENT SEASONAL EMERGENCY	SOURCE METERED	NONE	CHLORINATION FILTRATION FLUORIDATION IRRADIATION (UV) OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION SECTION NUMBER TOWNSHIP RANGE
S01									

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>			
A. Full Time Single Family Residences (Occupied 180 days or more per year)			
B. Part Time Single Family Residences (Occupied less than 180 days per year)			
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms			
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year			
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year			
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services (Campsites, RV Sites, Spigots, etc.)			
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.			
<b>28. TOTAL SERVICE CONNECTIONS</b>			

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? _____

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students, daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
34. GROUP B NITRATE SCHEDULE	QUARTERLY				ANNUALLY				ONCE EVERY 3 YEARS			

<b>35. Reason for Submitting WFI:</b>
<input type="checkbox"/> Update-Change <input type="checkbox"/> Update-No Change <input type="checkbox"/> Inactivate <input type="checkbox"/> Re-Activate <input type="checkbox"/> Name change <input type="checkbox"/> New System <input type="checkbox"/> Other _____

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____